

BENEFICIARY DESIGNATION/CHANGE FORM

	BENEFICIARY LIFE INSURANCE STANDARD INSURANCE (\$20,000 CL/CE or \$50,000 Leadership Team)				
Please complete an attached list if you want to name more persons than provided for on this form.	NAME OF BENEFICIARY (LAST, FIRST, MI)		SSN (if known)	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE
	PHONE #	ADDRESS OF BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT	
	NAME OF BENEFICIARY (LAST, FIRST, MI)		SSN (if known)	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE
	PHONE #	ADDRESS OF BENEFICIARY STREET/CITY/STATE/ZIP CODE		% OF BENEFIT	
	IF THE BENEFICIARY DIES BEFORE ME, I DESIGNATE AS CONTINGENT BENEFICIARY NAME OF BENEFICIARY (LAST, FIRST, MI)		SSN (if known)	DATE OF BIRTH	RELATIONSHIP TO EMPLOYEE
	PHONE #	ADDRESS OF CONTINGENT BENEFICIARY (STREET/CITY/STATE/ZIP CODE)		% OF BENEFIT	

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Your designation revokes all prior designations.

Benefits are payable to contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.

If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.

If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, }œ }š Z Ç Y X ^ u]š Z U d œ μ • š μ v œ š Z š œ μ • š P œ

A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.

Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

If you complete the ^ 9 } (v (] š _ } Æ ~ • • U š Z u } μ v š • • Z } μ o μ % š } í ï 9 () } For example • • ~ %
^ W œ] u h œ œ } Doe, 60%; Jane q. Doe, 40%.

PRINT NAME	
EMPLOYEE SIGNATURE	DATE